QUALITY OF CARE MEDICAL RECORD REVIEW
(PEER REVIEW)

Provider Code: _____ **Hospitalization Date(s):** _____

Medical Record Number: _____

	(Circle one)		
1. History & physical exam documented and reflect patient's subjective complaint?	Y	N	NA
2. Lab ordered appropriately and timely?	Y	N	NA
3. EKG/X-Rays ordered appropriate & timely?	Y	N	NA
4. Assessment (diagnosis(es)) appropriate from the history and physical exam?	Y	N	NA
5. Treatment: Appropriately documented:	Y	N	NA
a. Medication - type, dose, duration? appropriate/alternatives discussion	Y	N	NA
b. Counseling and instructions	Y	N	NA
c. Appropriate risks/benefit/alternatives discussion documented on chart and consent form signed (procedures)?	Y	N	NA
d. Referrals	Y	N	NA
e. Follow-up	Y	N	NA
6. Standard of care met	Y	N	

7. Comments: _____

_____

_____

_____

Date: _____ **Reviewer Code:** _____